

**EMT-1 REGULATORY TASK FORCE  
MEETING MINUTES  
June 27, 2001  
Naval Training Center  
San Diego, CA**

**I. Introductions**

A. Self-introductions were made.

<b>MEMBERS PRESENT</b>	<b>EMSA STAFF PRESENT</b>	<b>ALTERNATES PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>ALTERNATES ABSENT</b>
Bob Cordray	Sean Trask	Karen Petrilla	Nancy Casazza	David Nevins
Elaine Dethlefsen		Bruce Kenagy	Bruce Haynes	Debbie Notturmo
Jean English			Dave Magnino	Jeff Page
Donna Ferracone			Steve Maiero	
Gloria Huerta			Tom McGinnis	
Pat Kramm			Byron Parsons	
Debbie Meier			Marco Randazzo	
Debi Moffat			Bob Repar	
John Pritting			Susan Smith	
Veronica			Kevin White	
Shepardson				
Jean English				
		<b>GUESTS</b>	John Tysell	
		Fred Claridge	Todd Wilhoyte	

**II. Minutes**

Approved with the following corrections:

Karen Patrilla and Bruce Kenagy were listed as present; both were absent from the last meeting.

**III. Agenda**

Approved as written.

**IV. Informational Update**

A. The Task Force was updated on the following items from the June 20, 2001 EMS Commission meeting:

1. The EMS Commission voted unanimously to discontinue the Emergency EMT-I Regulations and convert the title of the four current EMT-I trial studies (Sierra County, Napa County, Imperial County and Santa Clara County) to EMT-II trial studies and continue with the draft EMT-II regulations. There are two options to discontinue the emergency regulations; the first options is to file another emergency regulations package repealing the original emergency regulations, the second option is to allow the emergency regulations to expire on August 15, 2001.
2. The impact of repealing the emergency EMT-I Regulations are:
  - a. Epinephrine 1:1,000 delivery devices will be deleted from EMT-I Optional Skills.
  - b. Endotracheal intubation (ETI) will be returned to the EMT-I Optional Skills.
  - c. The Imperial County Trial Study items will be removed from EMT-I Optional Skills.
  - d. Instituting intravenous (IV) access and IV administration of glucose will be removed from EMT-I Optional Skills.

3. Most of the comments received during the public comment period were in opposition to the deletion of ETI. With the repeal of the EMT-I Emergency Regulations, the ETI skill will be returned to the optional skills of the EMT-I regulations. Based on input from the EMS Medical Directors of California and the literature, and when the EMT-I Task Force completes their objectives and the revisions are proposed for draft EMT-I regulations, the ETI skill will not be included.
4. The epinephrine 1:1,000 delivery device (Epi-Pen) will be considered when the Task Force reaches the scope of practice discussions.
5. The EMT-II regulations have been drafted from the modular concept phase and have been distributed to the physician members of EMDAC for the first pre-public comment phase. Once these comments are reviewed and considered the draft EMT-II regulations will be distributed for broader comment.
6. The draft EMT-II regulations incorporate the DOT National Standard EMT-Intermediate curriculum as the curriculum foundation. Because of the modular approach, it was necessary to "cut and paste" the relevant sections of the curriculum to fit in the various modules.
7. The EMT-I Task Force has formally referred the issue of a single EMT-I certifying authority to the Vision Leadership Team (VLT) for feedback. The reason the issue was referred to the VLT was because in order to accomplish this objective, there would have to be a change in statute and the VLT could advise the Task Force if a legislative change is feasible, if not then the Task Force can continue with the EMT-I certification processes being handled at the local EMS agency level. The VLT met in May, but did not have an opportunity to provide a response.

## **V. Old Business**

- A. Committee Report: EMT Approving Authority (Sub-committee members: Elaine Dethlefsen, Donna Ferracone, Debi Moffat, Kevin White): The following points were made:
  1. In order for the EMS Authority to approve all EMT-I training programs in the state, there would have to be a change in statute, specifically Section 1797.208 of the Health and Safety Code. The Task Force wishes to make the recommendation for the EMS Authority to be the EMT-I training program approval authority and pursue a statutory change through the Vision Project.
  2. Another obstacle facing the EMS Authority's ability to approve all EMT-I training programs throughout the state is the limitation of staff and budget. The EMS Authority's budget has been cut by 2.5 percent recently. It is also very unlikely that additional staffing for the responsibilities associated with EMT-I training program approval, oversight, and review would be granted by the current administration.
  3. The Task Force agreed to amend the requirement of having the EMS Authority reimburse travel costs of site visit teams and require the training program to provide that reimbursement.
  4. The EMT-I training programs would complete an approval packet (developed by the Task Force) identifying certain required information and forward it to the local EMS agency for review of completeness and follow-up for missing items, insufficient information, etc. The approval packet would then be forwarded to EMS Authority.
  5. How does the EMT-I Task Force, the local EMS agency or the EMS Authority establish quality in the training programs? Who evaluates those local EMS agencies that conduct their own EMT-I training?
  6. While the site inspection teams are good, it is costly and does not guarantee standardization. Each different site inspection team will have a different approach.
  7. There was some question about an EMT-I training program providing copies of some of their administrative processes such as; refund policy, attendance policy, grading policy, expulsion policy, etc.
  8. Jean English made the following motion:
    - a. The training program absorb the expenses of the site visit team,

- b. Sub-section 8 and 9 of the Section 100066 of the proposed language remain (the draft showed this language struck out),
  - c. Add administrative processes to Section 100066,
  - d. Change the Section number 10057 to 100057.
  - e. Ayes: Veronica Shepardson, Bruce Kenagy, Debi Moffat, Debra Meier, Donna Ferracone, Elaine Dethlefsen, Gloria Huerta, John Pritting, Pat Kramm, Bob Cordray.  
Noes: Karen Petrilla, Sean Trask. Abstain: None
- B. Comparison of Standardized Certification Examination Options: The following points were made:
  - 1. A table was distributed by Sean Trask comparing the National Registry (NR) EMT-I Exam, Cooperative Personnel Services (CPS) and the current EMT-I certification testing.
  - 2. Sean was approached by an organization called NCS that was purchased by Brady Publishing that is similar to CPS in that this company develops standard examinations. After a lengthy telephone conversation with the representative regarding the needs of California with respect to the objectives of the EMT-I Task Force and the needs of the state, the representative was supposed to follow-up with an e-mail summarizing their company's services and the telephone conversation. To date, approximately three weeks after the telephone conversation, the e-mail had not arrived. NCS does not currently have an EMT-I certification examination developed. In order to develop a certification, exam NCS would have to go through the same development processes that CPS is proposing.
  - 3. It was roughly estimated by Bruce Davis from CPS that the initial cost to develop an EMT-I certification exam is \$200,00 to \$300,000 and annual maintenance costs were roughly estimated to be \$20,000 to \$50,000. In comparison the NR does not charge for development or maintenance of the EMT-I exam. Those costs are included in the NR's per test fee.
  - 4. Some Task Force members mentioned that the NR's paramedic exam contains some questions pertaining to medications that are not included in the California paramedic scope of practice. So the test candidates need to learn those items to pass the test.
  - 5. The NR would allow the individual certifying agencies to administer the exam as often as they need because the written exam packets are given to the certifying authority and not requested for each exam administration as is the case with the paramedic exam.
  - 6. Gloria Huerta made a motion to explore funding sources such as grant funding to fund CPS to develop an EMT-I certification exam and orient the training programs throughout California to the new exam and report back to the Task Force at the July 2001 Task Force meeting.  
Ayes: Karen Petrilla Veronica Shepardson, Bruce Kenagy, Debi Moffat, Debra Meier, Donna Ferracone, Elaine Dethlefsen, Gloria Huerta, Pat Kramm, Bob Cordray. Noes: John Pritting, Sean Trask. Abstain: None
  - 7. A motion was made and later withdrawn by Debi Moffat for the Task Force to make a decision on selecting a standardized certification exam at the July Task Force meeting.

## **VI. New Business**

- A. Review of Task Force Objectives
  - 1. Objective Number 1, Adopt the DOT National Standard EMT-I Curriculum/hours – Step one completed with the Task Force agreeing to adopt the National DOT EMT-Basic Curriculum. The Task Force will address any enhancements to the curriculum when the scope of practice is discussed.
  - 2. Objective Number 2, Standardize Certification Written and Skills Exams – Steps one and two completed with presentations by the National Registry and Cooperative Personnel Services. Step four completed with the certification processes language completed.
  - 3. Objective Number 3, Standardize Local EMT-I Accreditation Processes – This objective will be addressed after the Task Force addresses scope of practice issues.
  - 4. Objective number 4, Standardize EMT-I Certification – Step one (standardize written and skills certification exams) is still pending. Steps two, three and five have been completed.
  - 5. Objective number 5, Standardize Continuing Education Criteria – The Task Force has reviewed the differences between the EMT-I and paramedic continuing education (CE) regulations. The Task Force has also agreed to make the EMT-I CE regulations consistent

with the paramedic regulations. The paramedic task force is working on the paramedic CE requirements now.

6. Objective number 6, Consistency in Terminology – The Task Force has agreed to adopt the DOT's National Standard Curriculum, which will make the terminology in California consistent with national standards. The next step will be to explore the feasibility of a statutory change for EMT-I to be called EMT or EMT-Basic.
7. Objective number 7, Training Program Staff Requirements/Qualifications – The Task Force is currently discussing this topic.
8. Objective number 8, Optional/Expanded Scope of Practice – The Task Force still needs to identify the basic EMT-I scope of practice based on the national standard curriculum and discuss the needs of various EMS systems.
9. Objective number 9, Standardize the Disciplinary Process – This objective is contained in Chapter 6 of Division 9 of Title 22. This is a Vision Objective, however it is contained in a separate chapter of the regulations from the EMT-I chapter. The Task Force will continue to discuss this topic.

Next meeting will be July 18, 2001 from 10:00 AM to 4:00 PM, Jean English will check the availability of the Oakland Fire Department's Airport Station.

Recorder: Karen Petrilla